

Hospital STEMI Work Group
Criteria for STEMI Center Designation
January 6, 2009 Discussion Document

CRITERIA		LEVEL I	LEVEL II	LEVEL III
I. STEMI Center Volumes:				
1.	Total number of elective Percutaneous Coronary Interventions (PCI) /year/ center	400	200	
2.	75+ PCI procedures/year/physician	x	x	
3.	Primary PCI (PPCI)/year/center (for treatment of MI)	> 49	< 36	
4.	Annual hospital STEMI patient volume	85-90	60-65	
II. STEMI Center Hospital Capabilities:				
1.	STEMI Program	x	x	x
a.	STEMI <u>Medical Director</u> -board certified, job description, org chart showing relation to other departments, oversee staffing, assure annual training CEUs-CMEs for physicians and staff.	x	x	x
b.	STEMI <u>Program Manager</u> (RN)	X	X	X
c.	<u>STEMI Team</u>			
i.	Physician experienced in diagnosing and treating cardiovascular disease and STEMI (available 24/7)	X	X	X
ii.	Another health care professional credentialed in STEMI (available 24/7)	X	X	X
iii.	Representation from hospital administration, EMS, ED, ICU, pharmacy, cardiac cath lab, CVD-MI unit, rehabilitation, discharge planning, laboratory, nutrition services	X	X	
2.	Availability of hospital departments/services to support STEMI care			
a.	Emergency Department	X	X	X
b.	Intensive Care Unit	X	X	
c.	Inpatient areas	X	X	X
d.	General standards for staffing and competencies of these areas	X	X	X
3.	Time Frame for availability of services			
a.	24/7 Emergency Department with physician access (either 24/7 or accessible within 20 min.)	x-IH	x-IH	
b.	24/7 CATH Lab	x-IA	x-IA	x
c.	24/7 Coronary Artery Bypass Graft (CABG)	x-IA		
d.	Angiography and interventional capabilities available on 24/7 basis	x-IA	x-IA	
e.	Core STEMI Team Members	x-IA	x-IA	x-IA

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4.	24/7 Clinical Laboratory to provide necessary testing and results	x-IA	x-IA	x-IA
5.	One call access to cath lab team via ED	x	x	x
6.	In-house cardiac rehab available onsite	X	x	
7.	24/7 Surgical Backup	x		
III. Hospital protocol for pre-hospital and STEMI Team communication				
1.	EKG, system for communication between hospital and EMS staff 24/7, link to EM system that provides hospital diversion status	x	x	x
2.	Mechanism in place for activation of Cardiac Cath lab team at time of EMS STEMI identification	x	x	x
IV. Hospital protocol for rapid transfer from non-PCI facility (when appropriate)				
1.	Accept all STEMI transfers	x	x	
2.	Formal <u>agreement</u> with Level I/Level II STEMI Center to transfer and accept complex patients	x	x	x
3.	A rapid transfer <u>process</u> in place with higher level of STEMI care	x	x	x
4.	A hospital diversion protocol must be maintained in accordance with state regulations...(in current trauma regulations)	X	X	x
V. Hospital protocol for care and coordination				
1.	Agree to accept all STEMI patients appropriate for the level of care provided at the hospital, regardless of race, sex, creed or ability to pay	X	X	X
2.	Staff credentialed in STEMI (see credential section.)	x	x	x
3.	Protocol for in-house cardiac rehabilitation—Phase I	x	x	
VI. Hospital capacity to support STEMI patient discharge transition back to community and/or rehabilitation facility if needed.				
1.	Ability to make discharge arrangements and plan to meet the needs of the patient. Include details in discharge documentation. <ul style="list-style-type: none"> Protocol for discharge transition back to care and oversight by Primary Care Physician where available or make arrangements in line with current hospital discharge procedures; Protocol for discharge to rehabilitation facility if needed; Protocol for discharge education and plan regarding secondary prevention and/or Protocol for repatriation to community hospital, where indicated. 	x	x	

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2.	Timely feedback for sending and receiving facilities. Call within 24 hours followed with written notice within 72 hours (this is reference to EMS providers)	x	x	
VII. Personnel Education/Credentials:				
1.	RN credentialing-annual CEUs for STEMI care	x	x	x
2.	Medical Director CEU hours	x	x	x
3.	Emergency Department RN CEUs	x	x	x
4.	Minimum CEU requirements for ED	x	x	x
5.	Minimum CEU for Cath Lab staff	x	x	
6.	STEMI Program Manager CEUs	X	X	x
VIII. Community Education:				
1.	Public education program for STEMI signs/symptoms, emergency transport, STEMI treatment and center service availability	x	x	
2.	Ability to collect and report data to STEMI registry & DHSS	x	x	x
3.	Cardiology outreach program for 24 hour phone consults	x	x	
IX. Research: Pick preferred language:				
a.	The STEMI medical director shall participate in the STEMI center's research and publication projects (this wording parallels language in stroke and trauma center designation regulations) and/or <i>Institution will conduct or participate in research study that is under auspices of IRB oversight either at that facility or cooperative facility</i> <i>This language from 12/2 discussion and</i>	X		
b.	The hospital and its staff shall support a research program in STEMI as evidenced by any of the following <ul style="list-style-type: none"> Publications in a peer review journal Reports of findings presented at regional and/or national conferences Receipt of grants for study of STEMI care Production of evidenced based reviews. <i>(This language from 12/2 discussion and in stroke and trauma regulations)</i>	X		
c.	The hospital shall agree to cooperate and participate with the DHSS in conducting epidemiological studies and individual case studies for the purpose of developing STEMI prevention programs. <i>(This language from 12/2 discussion and in stroke and trauma regulations)</i>	X	X	X

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X.	Participate in quarterly regional STEMI conferences	x	x	x
XI.	Performance Metrics:			
1.	PCI within 60 +/- 30 minutes of center arrival (75-80% of time) (X	X	
	PCI within 90 +/- 30 min of EKG diagnosis of STEMI (75-80% of time)			
	Need data set to evaluate appropriate % of time for this metric; may need to reconsider timeframe for this criteria; time is based on first medical contact time for the first metric. Must evolve metric to reflect time from symptoms to time of definitive care.. Current data primarily based on D2B time.	X	X	
2.	Patient presentation—do different metrics based on whether patient is walk-in, transfer, versus EMS transport, time for EMS transfers from one hospital to higher level when needed.			
3.	Lytics within 30 minutes of first medical contact or arrival (75-80% of time)			x
4.	Formal STEMI/AMI CQI process	x	x	x
5.	Immediate (define) feedback to the transfer hospital and EMS	x	x	
6.	Competencies for the practitioner, nurse and physician	x	x	x
7.	State Registry reporting	x	x	x
8.	ACC guidelines/registry	x	x	x
9.	Quality vs. what for EMS to decide which place to go			
	(This item needs clarification regarding intended metric)			
10.	Risk adjusted mortality			
XII.	Financing			
	Further discussion needed on reimbursement issues and assurances for adequate financing of agencies and facilities within STEMI-TCD system			